

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/553471

FILING DATE

25 SEP 2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/		/			
4	/		/			
5	/		/			
6	①		/			
7	①		/			
8	①		/			
9	①		/			
10	①		/			
11	①		/			
12	①		/			
13	①		/			
14	①		/			
15	①		/			
16	①		/			
17	/		/			
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49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	22	←	22	←		
TOTAL CLAIMS	24		24			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		←			←	
TOTAL CLAIMS						